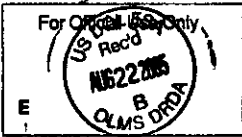


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 10513	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Robert M PALANDECH P O Box Bldg Room No if any Street 11851 SE 36th Avenue City Portland State Oregon ZIP Code + 4 97222 6901	4 Name file number and address of labor organization Name I B E W Local 48 Labor Organization File Number 033-435 P O Box Building and Room Number if any Street 15937 NE Airport Way City Portland State Oregon ZIP Code + 4 97230 4958
5 Position in labor organization Trustee NECA/IBEW Training Trust	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

Robert M Palandech

On

08/15/2005

Date

503-957-6465

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon

ZIP Code + 4 97230-4958

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NECA IBEW Electrical Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16021 NE Airport Way

City Portland

State Oregon

ZIP Code + 4 97230

11.a. Nature of such dealing.

Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.

11.b. Approximate dollar value of such dealing.

\$997

12.a. Nature of interest held or income received.

Lodging/Meals Sun River \$738.
Retirement Gift of Leather Jacket \$259.

12.b. Amount.

\$997

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.